



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF TRANSPORTATION
REGISTRY OF MOTOR VEHICLES

EOT

P.O. Box 55889
Boston, MA 02205

RACHEL KAPRIELIAN
REGISTRAR

REQUEST FOR ACTIVITY HOLD ADD/REMOVE

DATE : _____ **LICENSE / ID NUMBER** _____

I _____ (name), hereby request the RMV to Add / Remove (circle one)
an activity hold on my Massachusetts Drivers License/ID No. _____.

The reason for my request is based on:

_____ My identification has been lost or stolen (circle one) and as a result I am concerned that someone
may attempt to perform Registry transactions fraudulently with it.

_____ I have information that someone actually acquired a document from the RMV using my personal
information. Refer to record Number _____

CHECK ONE: I do _____ I do NOT know _____ the actual name of the person who
may have committed fraud using my name or personal information.

If known, s/he is:

Name _____ Address _____

_____ Other reason: please explain

I understand that an Activity Hold will prevent future license/ID transactions. I
understand that it will be necessary for me to contact Enforcement Services at the above
number in order to arrange any future license/ID transactions to be performed and that I will
be required to provide additional information and/or identification in order for any
transaction to be processed. Should an application for license/ID be submitted in the future, I
want to be contacted @ _____ to confirm or deny the legitimacy of the
request. I can provide the following identification or information to substantiate my
identification.

Available documents: _____

My employer is _____ My work phone number is _____

My cell phone number is _____ My fax number is _____

My current address is _____

Signature _____ Print Name _____

Social Security No. _____ Case # _____